

**NC DIVISION OF AGING
CONGREGATE NUTRITION SITES**

Region _____ Fiscal Year | ____ | ____ | ____ | ____ |

Provider Code | ____ | ____ | ____ | Provider Name _____

County Code | ____ | ____ |

A	B	C	D. Check Type of Facility in which Nutrition Site is Located						
Name and address of nutrition site	Site/ Route/ Worker Code	Number of days serving per week	Senior Center	Public School	Restaurant	Community Center	Religious Facility	Public Housing	All others

Instructions for Completion of DOA-302

Purpose

This form will be completed at the beginning of each fiscal year and/or when new sites are added by all community service providers funded for congregate nutrition services in order to report the name and location of all congregate nutrition sites.

Specific Instructions

1. **REGION** – Enter the appropriate one-digit alpha character (A-R).
2. **FISCAL YEAR** – Enter the four digits of current state fiscal year.
3. **PROVIDER CODE** – Enter the two-digit numeric provider code.
4. **PROVIDER NAME** – Enter the name of the community service provider funded to administer the congregate nutrition program.
5. **COUNTY CODE** – Enter the numeric county code.
6. **COLUMN A. NAME AND ADDRESS** – Enter the name of the site route and the street address of the facility.
7. **COLUMN B. SITE/ROUTE/WORKER CODE** – Leave blank for new site(s) and for existing site(s) enter the three-digit numeric code assigned by the State MIS Coordinator.
8. **COLUMN C. NUMBER OF DAYS SERVING PER WEEK** – Enter the number of days that meals are regularly served at each location.
9. **COLUMN D. TYPE OF FACILITY IN WHICH NUTRITION SITE IS LOCATED** – Identify the type of facility in which each nutrition site is located by placing an *x* or *✓* in the appropriate column.
10. Submit the completed form to the Area Agency on Aging for submission to the Division of Aging for entry into ARMS.